

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90015 016 \*\*\*150.00

**DOCUMENT # P97000063354**

1. Entity Name

**INTERNATIONAL MEDICAL RESEARCH AND DESIGN, INC**

Principal Place of Business

**609 MAITLAND AVE  
 SUITE 5  
 ALTAMONTE SPRINGS, FL 32701 US**

Mailing Address

**609 MAITLAND AVE  
 SUITE 5  
 ALTAMONTE SPRINGS, FL 32701 US**

**C0071885**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**593463983**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPONI, RONALD E  
~~305~~ 609 MAITLAND AVE  
 SUITE 5  
 ALTAMONTE SPRINGS, FL 32701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **RONALD E. CAPONI**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/14/2001**

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to: Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PF	<input type="checkbox"/> Delete
NAME	CAPONI, RONALD E	
STREET ADDRESS	4617 RIVERTON DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAPONI, RICHARD E	
STREET ADDRESS	2005 CHARLOTTE DRIVE	
CITY-ST-ZIP	CHARLOTTE, NC 28203	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEAD, CHARLES C	
STREET ADDRESS	500 E. MARKS ST.	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	M	<input type="checkbox"/> Delete
NAME	SIEMER, ED	
STREET ADDRESS	410 NINA PLACE	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGLEY, CHRISTOPHER F	
STREET ADDRESS	3124 PLANTATION RD	
CITY-ST-ZIP	CHARLOTTE, NC 28270	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/14/2001**

**407-331-3366**

CR2E034 (11/00)

## International Medical Research & Design, Inc.

609 Maitland Avenue, Suite 5  
Altamonte Springs, FL 32701  
Telephone (407) 331-3366  
Fax (407) 331-4009  
Customer Service (800) 713-1133  
email: bathguard@aol.com

Attachment  
DH# 997000063334

C6071885

To Whom It May Concern:

June 14, 2001

My name is Barry Huang and I'm the office manager for International Medical Research & Design. I started in this position two months ago. Two days ago, I just found out that our company didn't file for the 2001 Profit Corporation Annual Report. The reason for that was because we never receive the forms or notice from Florida Department of State. I was hoping that we wouldn't get charge for the late fee because never receive any notice. If there's any questions please give me a call at 407-331-3366. Thank you for your time.

Best regards,

  
Barry Huang  
Office Manager